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2175

Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<h2>TRANSMITTAL FORM</h2> <p><i>(to be used for all correspondence after initial filing)</i></p>		Application Number 09/835,064 Filing Date April 13, 2001 First Named Inventor GIUFFRIDA Group Art Unit 2175 Examiner Name Neveen Abel-Jalil Total Number of Pages in This Submission <input type="text"/> Attorney Docket Number HRL065
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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Cary Tope-McKay
Signature	
Date	04/06/2005

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text" value="04/06/2005"/>	
Typed or printed name	Cary Tope-McKay
Signature	
Date	04/06/2005

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete if Known

Application Number 09/835,064

Filing Date 4/13/2001

First Named Inventor Guiffrida

Examiner Name Neveen Abel-Jalil

Art Unit 2175

Attorney Docket No. HRL065

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number	<input type="text"/>
Deposit Account Name	<input type="text"/>

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	<input type="text"/>
1002 340	2002 170	Design filing fee	<input type="text"/>
1003 530	2003 265	Plant filing fee	<input type="text"/>
1004 770	2004 385	Reissue filing fee	<input type="text"/>
1005 160	2005 80	Provisional filing fee	<input type="text"/>
SUBTOTAL (1) (\$)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	X	=	Fee from below	Fee Paid
Independent Claims	<input type="text"/>				
Multiple Dependent	<input type="text"/>				

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		

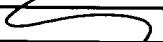
*or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	<input type="text"/>
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
1053 130	1053 130	Non-English specification	<input type="text"/>
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	<input type="text"/>
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	<input type="text"/>
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	<input type="text"/>
1251 110	2251 55	Extension for reply within first month	<input type="text"/>
1252 420	2252 210	Extension for reply within second month	<input type="text"/>
1253 950	2253 475	Extension for reply within third month	<input type="text"/>
1254 1,480	2254 740	Extension for reply within fourth month	<input type="text"/>
1255 2,010	2255 1,005	Extension for reply within fifth month	<input type="text"/>
1401 330	2401 165	Notice of Appeal	<input type="text"/>
1402 330	2402 165	Filing a brief in support of an appeal	<input type="text"/>
1403 290	2403 145	Request for oral hearing	<input type="text"/>
1451 1,510	1451 1,510	Petition to institute a public use proceeding	<input type="text"/>
1452 110	2452 55	Petition to revive - unavoidable	<input type="text"/>
1453 1,330	2453 665	Petition to revive - unintentional	<input type="text"/>
1501 1,330	2501 665	Utility issue fee (or reissue)	<input type="text"/>
1502 480	2502 240	Design issue fee	<input type="text"/>
1503 640	2503 320	Plant issue fee	<input type="text"/>
1460 130	1460 130	Petitions to the Commissioner	<input type="text"/>
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	<input type="text"/>
1806 180	1806 180	Submission of Information Disclosure Stmt	<input type="text"/>
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	<input type="text"/>
1801 770	2801 385	Request for Continued Examination (RCE)	<input type="text"/>
1802 900	1802 900	Request for expedited examination of a design application	<input type="text"/>
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$) 180.00	

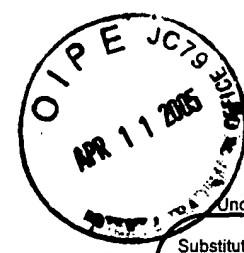
(Complete if applicable)

Name (Print/Type)	CARY TOPE MCKAY	Registration No. (Attorney/Agent)	41,350	Telephone	310-589-8158
Signature			Date	04/06/2005	

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/08B (08-03)

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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Substitute for form 1449/PTO				<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Application Number	09/835,064
				Filing Date	4/13/2001
				First Named Inventor	GUIFFRIDA
				Art Unit	2175
				Examiner Name	Neveen Abel-Jalil
Sheet	1	of	1	Attorney Docket Number	HRL065

NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). **2** Applicant is to place a check mark here if English language Translation is attached.

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